Application of	or Docket	Numbe
----------------	-----------	-------

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN
(Column 1)				(Column 2)		 1	TYPE		OR	•		
TOTAL CLAIMS		35		·			RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			35 minus 20=		• 15			X\$ 9=		OR	X\$18= ¿	270
INE	DEPENDENT C	LAIMS	7 minus 3 =		• 4			X43=		OR	X86=	344
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in co					column 2		TOTAL		OR	TOTAL	1384	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL ENTITY OR SMALL ENTITY				•	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	±*		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PENDENI	CLAIM			+145=		OR	+290=	
•							1	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	,	DDII. FEE			ADDII. PEEI	
_		CLAIMS		HIGHE	ST		lr		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	. [-	_				
							L	+145=		OR	+290=	
							A	TOTAL DDIT, FEE	•	OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)			•			•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				-							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Paid					r foun	d in the app	ropriate box	in colu	ımn 1.	